

# MADERA COUNTY SUPERIOR COURT STATE OF CALIFORNIA

## Request for Order Packet (i.e child support)

The purpose of this packet is to ask the Court for a hearing date to make or change orders about child support, genetic testing, determination of arrears or other issues requiring a court date. Please note you **MUST** already have an open family law case to file this request.

Inside this packet you will find [FL-300-INFO](#) Information Sheet for Request for Order that will teach you how to fill out the actual forms. Once you have read the information sheet, carefully begin to fill out the actual forms to the best of your ability. Make sure you answer every question that applies to your case (situation) only. They can be typed or printed neatly in blue or black ink.

**1. Fill out your forms**

Fill out the [FL-300 Request for Order](#). Fill out the [FL-155 Financial Statement Simplified](#) form or [FL-150 Income and Expense Declaration](#) form. Read form DV-570 **Which Financial Form- FL-155 or FL-150?** (included in this packet)

**2. Have your forms reviewed**

Ask the court's [family law facilitator](#) (located on the 1<sup>st</sup> Floor) to review your paperwork. The facilitator can make sure you filled it out properly and make your copies before you file. You can also hire your own lawyer to review your papers or to get legal advice.

**3. You will need copies**

You will need at least 2 copies of FL-300 Request for Order and any attachments you are including and your FL-155 Financial Statement Simplified or FL-150 Income and Expense Declaration. One copy will be for you; another copy will be for your child's other parent. The original is for the court. If the LCSA (Local Child Support Agency) is involved in your case, you will need 3 copies.

**4. File your forms with the court clerk**

If the LCSA is involved in your case take your forms to the Juvenile/Child Support Division (located on the 3<sup>rd</sup> Floor). If you are filing this Request in your existing divorce or custody case, then you will take your forms to the Civil Division (located on the 4<sup>th</sup> Floor). The clerk will keep the original and return your filed stamped copies with a court date.

**5. Serve your papers on the other parent (and the LCSA if involved)**

Have someone (NOT you) serve the other parent with a copy of your papers and a blank *Responsive Declaration to Request for Order* [Form FL-320](#) before your court date. Look at the front of Form FL-300 to see if the court ordered you to serve any other documents.

If Item 7 in the section called "Court Order" on your *Request for Order (Form FL-300)* is checked, your papers **MUST** be served **in person at least 16 court days before your court date**. If Item 7 is not checked, but other items in the "Court Order" section are checked, you may also need to have the other parent served in person. Ask the [family law facilitator](#) or [self-help center](#) to make sure you know if you must have your papers served in person.

If there are NO check marks in the "Court Order" section, you can probably serve the other parent (and the LCSA if involved) by mail. But if you serve by mail, you must do it at least 16 court days before the hearing **plus 5 calendar days for mailing**. Ask the [family law facilitator](#) or [self-help center](#) if you are not sure if you can serve your papers by mail.

**6. File your Proof of Service**

Have your server fill out a proof of service (you can use *Proof of Personal Service (Form FL-330)* and give it to you so you can file it with the court. It is very important that your server fills out the Proof of Service correctly. If possible, have your [family law facilitator](#) review it to make sure it was filled out properly. If you were allowed to, and did, serve the papers by mail, have your server fill out the *Proof of Service by Mail (Form FL-335)*. You will need to make 1 copy of your Proof of Service and take both to file with the clerk prior to your hearing date the clerk will return the copy to you for your records.

For more information you can go online @ [www.courts.ca.gov/selfhelp-support.htm](http://www.courts.ca.gov/selfhelp-support.htm) or [www.madera.courts.ca.gov](http://www.madera.courts.ca.gov)

# GET STARTED ON YOUR DOCUMENTS NOW!

You can begin the process from your phone, your computer at home, or one of the computers in the Self Help Center.



## This option is available for these case types:

- Divorce
- Request for and Response to Domestic Violence Restraining Order
- Guardianship
- Name Change
- Parentage
- Small Claims
- Civil Harassment Restraining Order and Response
- Elder Abuse Restraining Order Petition and Response

## To get started:

- 1** Go to [www.sharpcourts.org](http://www.sharpcourts.org) and click on the “Online Resources” tab.
- 2** Select the case type with which you need help.
- 3** We strongly recommend that you create an account so that you do not lose your work. You can note your username and password below. Keep this in a safe place!  
**Username:** \_\_\_\_\_ **Password:** \_\_\_\_\_
- 4** Fill out the prompts.
- 5** When finished, have the Self Help Center review your paperwork. Their information is below.

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### **Madera Family Law Facilitator / Self Help Center**

200 South “G” Street, Madera, CA 93637

Mon-Fri: 8 AM-4 PM

[www.madera.courts.ca.gov/MaderaSelfHelp.htm](http://www.madera.courts.ca.gov/MaderaSelfHelp.htm)

(559) 416-5520

[facilitator@madera.courts.ca.gov](mailto:facilitator@madera.courts.ca.gov)



**1 USE *Request for Order* (form FL-300):**

- To schedule a court hearing and ask the court to make new orders or to change orders in your case. The request can be about child custody, visitation (parenting time), child support, spousal or partner support, property, finances, attorney's fees and costs, or other matters.
- To change or end the domestic violence restraining orders granted by the court in *Restraining Order After Hearing* (form DV-130). See *How Do I Ask to Change or End a Domestic Violence Restraining Order* (form DV-400-INFO) for more information.

**2 DO NOT USE *Request for Order* (form FL-300):**

- Before you have filed a Petition to start your case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see <http://www.courts.ca.gov/selfhelp-agreeFL.htm>, speak with an attorney, or get help at your court's Self-Help Center or Family Law Facilitator's Office.
- When specific Judicial Council forms must be used to ask the court for orders. For example, to ask:
  - For a domestic violence restraining order, use forms DV-100, DV-109, and DV-110.
  - For an order for contempt, use form FL-410.
  - To set aside a child support order, use form FL-360 or form FL-640.
  - To set aside a voluntary declaration of paternity, use form FL-280.

**3 Forms checklist**

- a. Form FL-300, *Request for Order*, is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- b. To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
  - ☐ FL-105, *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
  - ☐ FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*
  - ☐ FL-312, *Request for Child Abduction Prevention Orders*
  - ☐ FL-341(C), *Children's Holiday Schedule Attachment*
  - ☐ FL-341(D), *Additional Provisions—Physical Custody Attachment*
  - ☐ FL-341(E), *Joint Legal Custody Attachment*
- c. If you want child support, you need this form:
  - ☐ A current form FL-150, *Income and Expense Declaration*. You may use form FL-155, *Financial Statement (Simplified)*, instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- d. If you want spousal or partner support or orders about your finances, you need these forms:
  - ☐ A current FL-150, *Income and Expense Declaration*
  - ☐ FL-157, *Spousal or Partner Support Declaration Attachment* (or provide the information in a declaration)
- e. If you want attorney's fees and costs, you need these forms:
  - ☐ A current FL-150, *Income and Expense Declaration*
  - ☐ FL-319, *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
  - ☐ FL-158, *Supporting Declaration for Attorney's Fees and Costs* (or provide the information in a declaration)
- f. To request temporary emergency (ex parte) orders, you need:
  - ☐ FL-305, *Temporary Emergency Orders* to serve as the proposed temporary emergency orders.
  - ☐ Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use form FL-303, *Declaration Regarding Notice and Service of Request for Temporary Emergency (Ex Parte) Orders*.
  - ☐ Other forms required by local courts. See item 9 on page 3 of this form for more information.
- g. If you plan to have witnesses testify at the hearing, you need form:
  - ☐ FL-321, *Witness List*
- h. If you want to request a separate trial (bifurcation) on an issue, you need form:
  - ☐ FL-315, *Request or Response to Request for Separate Trial*



**4 Complete form FL-300 (Page 1)**

**Caption:** Complete the top portion with your name, address, and telephone number, and the court address. Next, write the name of the Petitioner, Respondent, or Other Parent/Party (You must use the party names as they appear in the petition that was originally filed with the court). Then, write the case number. In the next section, check “CHANGE” if you want to change an existing order. Check “TEMPORARY EMERGENCY (EX PARTE) ORDER” if you are asking that the court make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting.

- Item 1:** List the name(s) of the other person(s) in your case who will receive your request. In some cases, this might include a grandparent who is joined as a party in the case, a local child support agency, or a lawyer who represents a child in the case.
- Item 2:** Leave this blank. The court clerk will fill in the date, time, and location of the hearing.
- Item 3:** This is a notice to all other parties.
- Items 4-5:** Leave these blank. The court will complete them if the orders are granted.
- Item 6:** In some counties, the court clerk will check item 6 and provide the details for your required child custody mediation or recommending counseling appointment. Other courts require the party or the party’s lawyer to make the appointment and then complete item 6 before filing form FL-300.
- Ask your court’s Family Law Facilitator or Self-Help Center to find out what your court requires
- Items 7-8:** Leave these blank. The court will complete them, if needed.

**5 Complete form FL-300 (pages 2-4)**

- 6 Complete additional forms and make copies**  
Complete any additional forms that you need to file with the *Request for Order*. Make at least two copies of your full packet.

*Note: You may file one form FL-150 to respond to items 3, 4, and 6.*

**7 File your documents**

Give your paperwork and the copies you made to the court clerk to process. You may take them to the clerk’s office in person, mail them, or, in some counties, you can e-file them.

The clerk will keep the original and give you back the copies you made with a court date and time stamped on the first page of the *Request for Order*. The procedure may be different in some courts if you are requesting temporary emergency orders.

**8 Pay filing fees**

A fee is due at the time of filing.

If you cannot afford to pay the filing fee, and you do not already have a valid fee waiver order in this case, you can ask the court to waive the fee by completing and filing form FW-001, *Request to Waive Court Fees* and form FW-003, *Order on Court Fee Waiver*.



**9****Temporary Emergency (Ex Parte) Orders**  
(nondomestic violence restraining orders)

Courts can make temporary orders in your family law case to respond to emergencies that cannot wait to be heard on the court's regular hearing calendar.

*The emergency must involve an immediate danger or irreparable harm to a party or children in the case, or an immediate loss or damage to property.*

To request these orders:

- Complete form FL-300. Describe the emergency and explain why you need the temporary emergency orders before the hearing.
- Complete form FL-305 to serve as your proposed temporary orders.
- Include a declaration describing how and when you notified the other parties (or why you could not give notice) about your request and the hearing (see form FL-303).
- Complete other forms if required by your local court rules.
- Follow your court's local procedures for reserving the day for the hearing, submitting your paperwork, and paying filing fees.

**10 General information about "service"**

"Service" is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you are asking for and have information about the hearing.

If the other parties are NOT properly served, the judge cannot make the orders you requested on the date of the hearing.

**11 Serve the Request for Order and blank forms**

The other party must be "served" with a:

- Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
- Copy of any temporary emergency orders granted.
- Blank form FL-320, *Responsive Declaration to Request for Order*.
- Blank form FL-150, *Income and Expense Declaration* (if you served form FL-150 or FL-155).

**12****Who can be a "server"**

You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The "server" can be a friend, a relative who is not involved in your case, a sheriff, or a professional process server.

**13****"Personal Service"**

Personal service means that your "server" walks up to each person to be served, makes sure he or she is the right person, and then hand-delivers a copy of all the papers (and the blank forms) to him or her. The server may leave the papers near the person if he or she will not take them.



Note: Sometimes the papers may be personally served on the other party's lawyer (if he or she has one) in the family law case.

**14****"Service by mail"**

means that your "server" places copies of all the documents (and blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party's lawyer, if he or she has one).



The server must be 18 years of age or over and live or work in the county where the mailing took place.

**Important!** For questions about personal service or service by mail, talk with a lawyer or check with your court's Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/1083.htm>.

**15 When to use personal service or service by mail****Personal Service**

Personal service is the best way to make sure the other adults in your case are correctly served. Sometimes you **must** use personal service.

You **must** use personal service when the court:

- ☒ Ordered personal service;
- ☒ Granted temporary emergency orders;
- ☒ Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously:
  - Been served with a *Summons* and *Petition*;<sup>\*</sup>  
OR
  - Appeared in the case by filing a:
    - a. *Response to a Petition*;
    - b. *Appearance, Stipulations, and Waivers*;
    - c. Written notice of appearance;
    - d. Request to strike all or part of the *Petition*; or
    - e. Request to transfer the case.

<sup>\*</sup>Note: A *Request for Order* may be served at the same time as the family law *Summons* and *Petition*.

1. After serving, the server must fill out a *Proof of Personal Service* (form FL-330) and give it to you. If the server needs instructions, give him or her form FL-330-INFO, *Information Sheet for Proof of Personal Service*.
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

**Deadline:** The deadline for personal service is **16 court days** before the hearing date, unless the court orders a different deadline.

**Service by Mail**

If you are not required to use personal service, you may use service by mail.

**Important!** Check with your court's Family Law Facilitator's Office or Self-Help Center, or ask a lawyer to be sure you are allowed to use service by mail in your case.

A *Request for Order* to change a judgment or final order on the issue of child custody, visitation (parenting time), or child support may be served by mail if:

- ☒ The documents do not include temporary emergency orders;
- ☒ The court did not order personal service; and
- ☒ You have verified the other party's current residence or office address. (You may use *Address Verification* (form FL-334).)

To change a judgment or final order on any other issue, including spousal or domestic partner support, the *Request for Order* may need to be personally served on the other party.

1. After serving, the server must fill out a *Proof of Service by Mail* (form FL-335) and give it to you. If the server needs instructions, give him or her an *Information Sheet for Proof of Service by Mail* (form FL-335-INFO).
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

**Deadline:** Unless the court orders a different time, service by mail must be completed at least **16 court days PLUS 5 calendar days** before the hearing date (if service is in California). Other time lines apply for service outside of California.

**16 Get ready for your hearing**

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at <http://www.courts.ca.gov/1094.htm>.
- For information about having the other party testify in court, go to <http://www.courts.ca.gov/29283.htm>.

**17 After the hearing,** the order made on form FL-340, *Findings and Order After Hearing*, must be filed and served.

**18 Do you have questions or need help?**

- Find a lawyer through your local bar association, the State Bar of California at <http://calbar.ca.gov>, or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to <http://www.lawhelpca.org>.
- Contact the Family Law Facilitator or Self-Help Center for information and assistance, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/selfhelp-courtresources.htm>.

**1** Answer these questions: (If *any* answer is yes, go to **2**.)

Are you self-employed?

☐ Yes

☐ No

Are you asking for spousal support or a change in spousal support?

☐ Yes

☐ No

Is your spouse (husband or wife) asking for spousal support or a change in spousal support?

☐ Yes

☐ No

Are you asking the other person to pay your attorney fees?

☐ Yes

☐ No

Is the other person asking you to pay his or her attorney fees?

☐ Yes

☐ No

Do you have income that is **not** listed below?

☐ Yes

☐ No

- Welfare (CalWORKS, TANF, GR, or GA)
- Salary from your job
- Disability
- Unemployment
- Workers' Compensation
- Social Security
- Retirement

**2** If you answered yes to at least one question, you **must** use FL-150 (Income and Expense Declaration). This form can be hard to fill out. Ask the Family Law Facilitator for help.

**3** If you answered no to **all** of the above, you can use FL-155 (Simplified Financial Statement) or FL-150 (Income and Expense Declaration). But FL-155 is easier to fill out.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY: _____ STATE BAR NO.: _____<br>NAME: _____<br>FIRM NAME: _____<br>STREET ADDRESS: _____<br>CITY: _____ STATE: _____ ZIP CODE: _____<br>TELEPHONE NO.: _____ FAX NO.: _____<br>E-MAIL ADDRESS: _____<br>ATTORNEY FOR (name): _____                                                                                                                                                                                                                                                     | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: <b>200 S G Street</b><br>MAILING ADDRESS: <b>same</b><br>CITY AND ZIP CODE: <b>Madera, CA 93637</b><br>BRANCH NAME: <b>Juvenile Division</b>                                                                                                                                                                                                                                                                                                    |                           |
| PETITIONER: _____<br>RESPONDENT: _____<br>OTHER PARENT/PARTY: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| <b>REQUEST FOR ORDER</b> <input type="checkbox"/> <b>CHANGE</b> <input type="checkbox"/> <b>TEMPORARY EMERGENCY ORDERS</b><br><input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support<br><input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs<br><input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify): _____ | CASE NUMBER: _____        |

**NOTICE OF HEARING**

1. TO (name(s)): \_\_\_\_\_  
☐ Petitioner ☐ Respondent ☐ Other Parent/Party ☐ Other (specify): \_\_\_\_\_
2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**
- |                                                                                                                  |             |                                       |                                      |
|------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|--------------------------------------|
| a. Date: _____                                                                                                   | Time: _____ | <input type="checkbox"/> Dept.: _____ | <input type="checkbox"/> Room: _____ |
| b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____ |             |                                       |                                      |
3. **WARNING to the person served with the *Request for Order*:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (*See form FL-320-INFO for more information.*)  
 (Forms FL-300-INFO and DV-400-INFO provide information about completing this form.)

**COURT ORDER**  
(FOR COURT USE ONLY)**It is ordered that:**

4. ☐ Time ☐ for service ☐ until the hearing is shortened. Service must be on or before (date): \_\_\_\_\_
5. ☐ A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date): \_\_\_\_\_
6. ☐ The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location): \_\_\_\_\_
7. ☐ The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. ☐ Other (specify): \_\_\_\_\_

Date: \_\_\_\_\_

JUDICIAL OFFICER \_\_\_\_\_



PETITIONER:  
RESPONDENT:  
OTHER PARENT/PARTY:

CASE NUMBER:

**REQUEST FOR ORDER**

**Note:** Place a mark ☒ in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration (form MC-031)* for this purpose.)

1. ☐ **RESTRAINING ORDER INFORMATION**

One or more domestic violence restraining/protective orders are now in effect between *(specify)*:

☐ Petitioner ☐ Respondent ☐ Other Parent/Party *(Attach a copy of the orders if you have one.)*

The orders are from the following court or courts *(specify county and state)*:

- a. ☐ Criminal: County/state *(specify)*: Case No. *(if known)*:  
 b. ☐ Family: County/state *(specify)*: Case No. *(if known)*:  
 c. ☐ Juvenile: County/state *(specify)*: Case No. *(if known)*:  
 d. ☐ Other: County/state *(specify)*: Case No. *(if known)*:

2. ☐ **CHILD CUSTODY**

☐ I request temporary emergency orders

☐ **VISITATION (PARENTING TIME)**

a. I request that the court make orders about the following children *(specify)*:

Child's Name Date of Birth ☐ Legal Custody to *(person who decides: health, education, etc):* ☐ Physical Custody to *(person with whom child lives):*

b. ☐ The orders I request for ☐ child custody ☐ visitation (parenting time) are:

(1) ☐ Specified in the attached forms:

☐ Form FL-305 ☐ Form FL-311 ☐ Form FL-312 ☐ Form FL-341(C)  
☐ Form FL-341(D) ☐ Form FL-341(E) ☐ Other (specify):

(2) ☐ As follows *(specify)*:

☐ Attachment 2a.

☐ Attachment 2b.

c. The orders that I request are in the best interest of the children because *(specify)*:

☐ Attachment 2c.

d. ☐ This is a change from the current order for ☐ child custody ☐ visitation (parenting time).

(1) ☐ The order for legal or physical custody was filed on *(date)*:

. The court ordered *(specify)*:

(2) ☐ The visitation (parenting time) order was filed on *(date)*:

. The court ordered *(specify)*:

☐ Attachment 2d.

|                                                   |              |
|---------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---------------------------------------------------|--------------|

3. ☐ CHILD SUPPORT(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

a. I request that the court order child support as follows:

Child's name and age☐ I request support for each

child based on the child support guideline.

☐ Monthly amount (\$) requested

(if not by guideline)

☐ Attachment 3a.b. ☐ I want to change a current court order for child support filed on (date):

The court ordered child support as follows (specify):

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because (specify):

☐ Attachment 3d.4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT(Note: An *Earnings Assignment Order For Spousal or Partner Support* (form FL-435) may be issued.)a. ☐ Amount requested (monthly): \$b. ☐ I want the court to ☐ change ☐ end the current support order filed on (date):

The court ordered \$ per month for support.

c. ☐ This request is to modify (change) spousal or partner support after entry of a judgment.I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.

e. The court should make, change, or end the support orders because (specify):

☐ Attachment 4e.5. ☐ PROPERTY CONTROL☐ I request temporary emergency ordersa. The ☐ petitioner ☐ respondent ☐ other parent/party be given exclusive temporary use, possession, and control of the following property that we ☐ own or are buying ☐ lease or rent (specify):b. The ☐ petitioner ☐ respondent ☐ other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

c. ☐ This is a change from the current order for property control filed on (date):d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

|                                                   |              |
|---------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---------------------------------------------------|--------------|

6. ☐ ATTORNEY'S FEES AND COSTS

I request attorney's fees and costs, which total (*specify amount*): \$ . I filed the following to support my request:

- A current *Income and Expense Declaration* (form FL-150).
- A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
- A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7. ☐ DOMESTIC VIOLENCE ORDER

- Do not use this form to ask for domestic violence restraining orders! Read form DV-505-INFO, *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
- Read form DV-400-INFO, *How to Change or End a Domestic Violence Restraining Order* for more information.

- The *Restraining Order After Hearing* (form DV-130) was filed on (*date*):
- I request that the court ☐ change ☐ end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (*If you want to change the orders, complete 7c.*)
- ☐ I request that the court make the following changes to the restraining orders (*specify*): ☐ Attachment 7c.

- I want the court to change or end the orders because (*specify*): ☐ Attachment 7d.

8. ☐ OTHER ORDERS REQUESTED (*specify*):☐ Attachment 8.9. ☐ TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:

- ☐ To serve the *Request for Order* no less than (*number*): court days before the hearing.
- ☐ The hearing date and service of the *Request for Order* to be sooner.
- I need the order because (*specify*): ☐ Attachment 9c.

10. ☐ FACTS TO SUPPORT the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission.☐ Attachment 10.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)

**Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

|                                                                                                                                                                                                   |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY<br>STATE BAR NUMBER:<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: 200 SOUTH G STREET<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: MADERA, CALIFORNIA 93637<br>BRANCH NAME: JUVENILE DIVISION  |                           |
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT:                                                                                                                                        |                           |
| <b>INCOME AND EXPENSE DECLARATION</b>                                                                                                                                                             | CASE NUMBER:              |

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attach copies of your pay stubs for last two months (black out Social Security numbers). | a. Employer:<br>b. Employer's address:<br>c. Employer's phone number:<br>d. Occupation:<br>e. Date job started:<br>f. If unemployed, date job ended:<br>g. I work about _____ hours per week.<br>h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour. |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

**2. Age and education**

- a. My age is (specify): \_\_\_\_\_
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): \_\_\_\_\_
- c. Number of years of college completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- d. Number of years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- e. I have: ☐ professional/occupational license(s) (specify): \_\_\_\_\_  
☐ vocational training (specify): \_\_\_\_\_

**3. Tax information**

- a. ☐ I last filed taxes for tax year (specify year): \_\_\_\_\_
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately  
☐ married, filing jointly with (specify name): \_\_\_\_\_
- c. I file state tax returns in ☐ California ☐ other (specify state): \_\_\_\_\_
- d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

- 4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ \_\_\_\_\_  
 This estimate is based on (explain): \_\_\_\_\_

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

|                                                            |              |
|------------------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

**5. Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

|                                                                                                                                                                     | Last month | Average monthly |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|
| a. Salary or wages (gross, before taxes).....                                                                                                                       | \$         | _____           |
| b. Overtime (gross, before taxes).....                                                                                                                              | \$         | _____           |
| c. Commissions or bonuses.....                                                                                                                                      | \$         | _____           |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....                                                             | \$         | _____           |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* ..... | \$         | _____           |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....                     | \$         | _____           |
| g. Pension/retirement fund payments.....                                                                                                                            | \$         | _____           |
| h. Social Security retirement (not SSI).....                                                                                                                        | \$         | _____           |
| i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....  | \$         | _____           |
| j. Unemployment compensation.....                                                                                                                                   | \$         | _____           |
| k. Workers' compensation.....                                                                                                                                       | \$         | _____           |
| l. Other (military allowances, royalty payments) (specify): .....                                                                                                   | \$         | _____           |

**6. Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

|                                |    |       |
|--------------------------------|----|-------|
| a. Dividends/interest.....     | \$ | _____ |
| b. Rental property income..... | \$ | _____ |
| c. Trust income.....           | \$ | _____ |
| d. Other (specify): .....      | \$ | _____ |

**7. Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.**

**8. ☐ Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

**9. ☐ Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

**10. Deductions**

|                                                                                                                                | Last month |
|--------------------------------------------------------------------------------------------------------------------------------|------------|
| a. Required union dues.....                                                                                                    | \$ _____   |
| b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....                                               | \$ _____   |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....                                  | \$ _____   |
| d. Child support that I pay for children from other relationships.....                                                         | \$ _____   |
| e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*..... | \$ _____   |
| f. Partner support that I pay by court order from a different domestic partnership.....                                        | \$ _____   |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....               | \$ _____   |

**11. Assets**

|                                                                                                                                                      | Total    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....                                                  | \$ _____ |
| b. Stocks, bonds, and other assets I could easily sell.....                                                                                          | \$ _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)..... | \$ _____ |

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

|                                                            |              |
|------------------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

**12. The following people live with me:**

| Name | Age | How the person is related to me (ex: son) | That person's gross monthly income | Pays some of the household expenses? |                             |
|------|-----|-------------------------------------------|------------------------------------|--------------------------------------|-----------------------------|
| a.   |     |                                           |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| b.   |     |                                           |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| c.   |     |                                           |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| d.   |     |                                           |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| e.   |     |                                           |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |

**13. Average monthly expenses**    ☐ Estimated expenses    ☐ Actual expenses    ☐ Proposed needs

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Home:<br>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____<br>If mortgage:<br>(a) average principal:     \$ _____<br>(b) average interest:     \$ _____<br>(2) Real property taxes..... \$ _____<br>(3) Homeowner's or renter's insurance<br>(if not included above)..... \$ _____<br>(4) Maintenance and repair..... \$ _____<br>b. Health-care costs not paid by insurance..... \$ _____<br>c. Child care..... \$ _____<br>d. Groceries and household supplies..... \$ _____<br>e. Eating out..... \$ _____<br>f. Utilities (gas, electric, water, trash)..... \$ _____<br>g. Telephone, cell phone, and e-mail..... \$ _____ | h. Laundry and cleaning..... \$ _____<br>i. Clothes..... \$ _____<br>j. Education..... \$ _____<br>k. Entertainment, gifts, and vacation..... \$ _____<br>l. Auto expenses and transportation<br>(insurance, gas, repairs, bus, etc.)..... \$ _____<br>m. Insurance (life, accident, etc.; do not include<br>auto, home, or health insurance)..... \$ _____<br>n. Savings and investments..... \$ _____<br>o. Charitable contributions..... \$ _____<br>p. Monthly payments listed in item 14<br>(itemize below in 14 and insert total here)... \$ _____<br>q. Other (specify): \$ _____<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">                     r. <b>TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b> \$ _____                 </div> s. <b>Amount of expenses paid by others</b> \$ _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**14. Installment payments and debts not listed above**

| Paid to | For | Amount | Balance | Date of last payment |
|---------|-----|--------|---------|----------------------|
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |

**15. Attorney fees** (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)

|                                                            |              |
|------------------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

- |                                                                               | Amount per month |
|-------------------------------------------------------------------------------|------------------|
| a. Childcare so I can work or get job training.....                           | \$ _____         |
| b. Children's health care not covered by insurance.....                       | \$ _____         |
| c. Travel expenses for visitation.....                                        | \$ _____         |
| d. Children's educational or other special needs <i>(specify below)</i> ..... | \$ _____         |

**19. Special hardships.** I ask the court to consider the following special financial circumstances  
*(attach documentation of any item listed here, including court orders):*

- |                                                                                                    | Amount per month | For how many months? |
|----------------------------------------------------------------------------------------------------|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b.....                                          | \$ _____         | _____                |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> .....  | \$ _____         | _____                |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____         | _____                |
| (2) Names and ages of those children <i>(specify)</i> :                                            |                  |                      |

- (3) Child support I receive for those children..... \$ \_\_\_\_\_
- The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**

|                                                                                                                                                                                                                       |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Your name and address or attorney's name and address: _____<br><br>TELEPHONE NO.: _____                                                                                                                               | <b>FOR COURT USE ONLY</b> |
| ATTORNEY FOR (Name): <b>In Pro Per</b>                                                                                                                                                                                |                           |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: <b>200 S G Street</b><br>MAILING ADDRESS: <b>same</b><br>CITY AND ZIP CODE: <b>Madera, CA 93637</b><br>BRANCH NAME: <b>Juvenile Division</b> |                           |
| PETITIONER/PLAINTIFF: _____<br>RESPONDENT/DEFENDANT: _____<br>OTHER PARENT: _____                                                                                                                                     |                           |
| <b>FINANCIAL STATEMENT (SIMPLIFIED)</b>                                                                                                                                                                               | CASE NUMBER: _____        |

**NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.**

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.  
 b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship \_\_\_\_\_
3. a. The children from this relationship are with me this amount of time \_\_\_\_\_ %  
 b. The children from this relationship are with the other parent this amount of time \_\_\_\_\_ %  
 c. Our arrangement for custody and visitation is (*specify, using extra sheet if necessary*): \_\_\_\_\_
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income (*before taxes*) per month is \_\_\_\_\_ \$  
**Attach 1** This income comes from the following:  
**copy of pay stubs for last 2 months here (cross out social security numbers)**  
☐ Salary/wages: Amount before taxes per month \_\_\_\_\_ \$  
☐ Retirement: Amount before taxes per month \_\_\_\_\_ \$  
☐ Unemployment compensation: Amount per month \_\_\_\_\_ \$  
☐ Workers' compensation: Amount per month \_\_\_\_\_ \$  
☐ Social security: ☐ SSI ☐ Other Amount per month \_\_\_\_\_ \$  
☐ Disability: Amount per month \_\_\_\_\_ \$  
☐ Interest income (from bank accounts or other): Amount per month \_\_\_\_\_ \$  
 I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
  - a. ☐ Day care or preschool to allow me to work or go to school \_\_\_\_\_ \$
  - b. ☐ Health care not paid for by insurance \_\_\_\_\_ \$
  - c. ☐ School, education, tuition, or other special needs of the child \_\_\_\_\_ \$
  - d. ☐ Travel expenses for visitation \_\_\_\_\_ \$
7. ☐ There are (*specify number*) \_\_\_\_\_ other minor children of mine living with me. Their monthly expenses that I pay are \_\_\_\_\_ \$
8. I spend the following average monthly amounts (*please attach proof*):
  - a. ☐ Job-related expenses that are not paid by my employer (*specify reasons for expenses on separate sheet*) \_\_\_\_\_ \$
  - b. ☐ Required union dues \_\_\_\_\_ \$
  - c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) \_\_\_\_\_ \$
  - d. ☐ Health insurance costs \_\_\_\_\_ \$
  - e. ☐ Child support I am paying for other minor children of mine who are not living with me \_\_\_\_\_ \$
  - f. ☐ Spousal support I am paying because of a court order for another relationship \_\_\_\_\_ \$
  - g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage \_\_\_\_\_ \$  
 If mortgage: interest payments \$ \_\_\_\_\_ real property taxes \$ \_\_\_\_\_
9. Information concerning ☐ my current employment ☐ my most recent employment:
 

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

My occupation: \_\_\_\_\_

Date work started: \_\_\_\_\_

Date work stopped (*if applicable*): \_\_\_\_\_

What was your gross income (*before taxes*) before work stopped?: \_\_\_\_\_



|                                                                   |              |
|-------------------------------------------------------------------|--------------|
| PETITIONER/PLAINTIFF:<br>— RESPONDENT/DEFENDANT:<br>OTHER PARENT: | CASE NUMBER: |
|-------------------------------------------------------------------|--------------|

10. My estimate of the other party's gross monthly income (*before taxes*) is ..... \$ \_\_\_\_\_

11. My current spouse's monthly income (*before taxes*) is ..... \$ \_\_\_\_\_

12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)  

☐ PETITIONER/PLAINTIFF
☐ RESPONDENT/DEFENDANT

### INSTRUCTIONS

**Step 1: Are you eligible to use this form?** *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Interest
  - Salary or wages
  - Workers' compensation
  - Disability
  - Social security
  - Unemployment
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**

## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

*Complete the top section of the proof of service forms as follows:*

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4.
  - a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Print the date that you put the envelope containing the documents in the mail.
  - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*

|                                                                                                                                                                                                                       |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____     | <b>FOR COURT USE ONLY</b><br><br><br><br><br><br> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: <b>200 S G Street</b><br>MAILING ADDRESS: <b>same</b><br>CITY AND ZIP CODE: <b>Madera, CA 93637</b><br>BRANCH NAME: <b>Juvenile Division</b> |                                                   |
| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT:<br><br>OTHER PARENT/PARTY:                                                                                                                                         | CASE NUMBER:<br><br>(If applicable, provide):     |
| <b>PROOF OF SERVICE BY MAIL</b>                                                                                                                                                                                       | HEARING DATE:<br>HEARING TIME:<br>DEPT.:          |

**NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).**

- I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
- My residence or business address is:
- I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

- ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
- The envelope was addressed and mailed as follows:
    - Name of person served:
    - Address:
    - Date mailed:
    - Place of mailing (*city and state*):
  - ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
  - I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

Page 1 of 1

## INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

*Complete the top section of the proof of service forms as follows:*

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4.
  - a. Write in the date that you delivered the documents to the party.
  - b. Write in the time of day that you delivered the documents to the party.
  - c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*

- Date:

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

**BLANK FORMS  
TO BE SERVED  
DO NOT  
COMPLETE**

- 1 **If you received a *Request for Order* (form FL-300),**
- Carefully read the papers you received to make sure you understand what orders are being requested.
  - Note the date, time, and location of the court hearing.
  - Check to see if the court ordered a specific date for filing and serving your *Responsive Declaration to Request for Order* (form FL-320).
  - If you need more time before the hearing to prepare a responsive declaration or talk with a lawyer, you may ask the court to continue the hearing date. For more information, consult with a lawyer or contact the Family Law Facilitator or Self-Help Center in your court (see item **16**).

2 **USE *Responsive Declaration to Request for Order* (form FL-320)**

Use form FL-320 to let the court and the other party know that you agree or disagree with each of the requests made in the *Request for Order* (form FL-300).

- If you disagree, use form FL-320 to describe the orders you would like the court to make.
- If you do not file and serve form FL-320, the court can still make orders without your input.

3 **DO NOT USE *Responsive Declaration to Request for Order* (form FL-320) to:**

- Ask for court orders that were not requested in the *Request for Order* (form FL-300). Instead, file and serve your own *Request for Order* (form FL-300) to ask for orders about other issues.
- Respond to *Request for Domestic Violence Restraining Order* (form DV-100). Instead, you must use *Response to Request for Domestic Restraining Order* (form DV-120).

4 **Forms checklist**

- a. Form FL-320, *Responsive Declaration to Request for Order* is the basic form you need. Depending on the requests made in the *Request for Order* (form FL-300), you may need other forms.
- b. For child custody or visitation (parenting time) orders, you may need to complete some of these forms:
- ☐ FL-105, *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
  - ☐ FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*
  - ☐ FL-312, *Request for Child Abduction Prevention Orders*
  - ☐ FL-341(C), *Children's Holiday Schedule Attachment*
  - ☐ FL-341(D), *Additional Provisions—Physical Custody Attachment*
  - ☐ FL-341(E), *Joint Legal Custody Attachment*
- c. For child support, you need:
- ☐ A current form FL-150, *Income and Expense Declaration*. You may use form FL-155, *Financial Statement (Simplified)* instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- Notice:**
- The court will order child support based on the income of the parents.
  - Child support normally continues until the child is 18 years and has graduated from high school.
  - You must give the court information about your finances. If you do not, the child support order will be based on information about your income that the court receives from other sources.
- d. For spousal or domestic partner support or orders about your finances, you need these forms:
- ☐ FL-150, *Income and Expense Declaration*
  - ☐ FL-157, *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)
- e. For attorney's fees and costs, you need these forms:
- ☐ FL-150, *Income and Expense Declaration*
  - ☐ FL-158, *Supporting Declaration for Attorney's Fees and Costs* (or provide the information in a declaration)
  - ☐ FL-319, *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
- f. If you plan on having witnesses testify at the hearing, you need this form:
- ☐ FL-321, *Witness List*

To respond to a *Request for Order*, you must:

**5 Complete caption of the form**  
Complete the top portion including your name, address, and telephone number, the court address, the name of all the parties in the case, and the case number. Also, print or type the same hearing date, time, and department that appears on the *Request for Order* (form FL-300).

**6 Specify a response to orders requested**  
**Items 1–9:** Each item on the form matches the item numbers on the *Request for Order* (form FL-300). Complete item 1. Next, mark the same box that is marked on form FL-300. Then, specify if you consent (agree) or do not consent to (disagree with) the orders requested. If you disagree, describe the order you would like the court to make. *Note: you may file one form FL-150 to respond to items 3, 4, and 6.*

**Item 10:** Use the space to explain your responses to items 1–9. Include the reasons why you do not agree with the orders requested by the other party and why the court should make the orders you described. If you need more space, write your responses on a separate sheet of paper and attach it to the form (*Attached Declaration* (form MC-031) may be used for this purpose).

**Sign and date:** Print your name, sign, and write the date you signed form FL-320.

**7 Next steps: file or serve your paperwork**  
You must file your paperwork with the court clerk at least 9 court days before the hearing. If the court orders a shorter time to file your papers, file them by the date specified in the order.

Make 2 copies of your original paperwork. Then, do one of the following before the filing deadline:

- Take your paperwork and copies to the court clerk to process (or e-file them, if available in your county). The clerk will keep the original and give you back copies with a court stamp on them. Have a stamped copy served; or
- Have an unstamped copy of your paperwork served *before* you take (or e-file) the originals and copies to the court clerk to file. Be sure the original documents are not served.

**FL-320**

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE/STARTED: FOR COURT USE ONLY

NAME: FORM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: MAIL ADDRESS: ATTORNEY FOR (NAME):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:

RESPONSIVE DECLARATION TO REQUEST FOR ORDER

HEARING DATE: TIME: DEPARTMENT OR ROOM: CASE NUMBER:

Read Information Sheet: Responsive Declaration to Request for Order (form FL-320-INFO) for more information about this form.

1. ☐ RESTRAINING ORDER INFORMATION

a. ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.

b. ☐ I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.

2. ☐ CHILD CUSTODY VISITATION (PARENTING TIME)

a. ☐ I consent to the order requested for child custody (legal and physical custody).

b. ☐ I consent to the order requested for visitation (parenting time).

c. ☐ I do not consent to the order requested for ☐ child custody ☐ visitation (parenting time) ☐ but I consent to the following order:

3. ☐ CHILD SUPPORT

a. I have completed and filed a current Income and Expense Declaration (form FL-150) or, if eligible, a current Financial Statement (Simplified) (form FL-155) to support my responsive declaration.

b. ☐ I consent to the order requested.

c. ☐ I consent to guideline support.

d. ☐ I do not consent to the order requested ☐ but I consent to the following order:

4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT

a. I have completed and filed a current Income and Expense Declaration (form FL-150) to support my responsive declaration.

b. ☐ I consent to the order requested.

c. ☐ I do not consent to the order requested ☐ but I consent to the following order:

Form Adopted for Mandatory Use Judicial Branch of California FL-320 (Rev. July 1, 2016)

RESPONSIVE DECLARATION TO REQUEST FOR ORDER

Page 1 of 2 Code of Civil Procedure, § 1030.5 Cal. Rules of Court, title 8.5 www.courts.ca.gov

**8 Pay filing fees**  
Generally, you do not have to pay a fee to file the *Responsive Declaration*. However, if you have never filed any papers in the case, you may have to pay a “first appearance fee,” which, in general, everyone has to pay when filing court papers in a case for the first time.

If you cannot afford to pay the filing fee, you can ask the court to waive the fees. To do so, complete and file form FW-001, Request to Waive Court Fees and form FW-003, Order on Court Fee Waiver.

**9 Serve your papers on the other party**  
“Service” is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you want the court to make. *Note:* If a party has a lawyer in the case, the papers should be served on that party’s lawyer.



**10 How to “serve”**

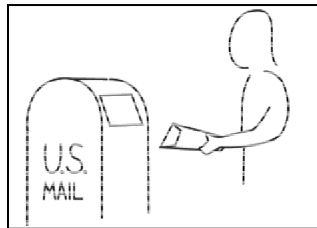
**Server.** You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a county sheriff, or a professional process server.

**Personal service.**

Your papers may be served by “personal service.” “Personal service” means that your “server” walks up to each person to be served, makes sure he or she is the right person, and then gives a copy of all the papers to him or her.

**Service by mail.**

“Service by mail” means that your “server” places copies of all the documents in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if he or she has one.) The server must be 18 years of age or over and must live or work in the county where the mailing took place.

**11 Deadline for service**

Personal service or service by mail on the other party must be completed at least *9 court days* before the court hearing. If the court has ordered a shorter time to serve your responsive papers, be sure to have them served by the date specified in the court order.

**12 Server must complete a *Proof of Service***

After personal service, the server should complete a form FL-330, *Proof of Personal Service*. Form FL-330-INFO, *Information Sheet for Proof of Personal Service* has instructions to help the person complete the form.

After service by mail, the server should complete form FL-335, *Proof of Service by Mail*. Form FL-335-INFO, *Information Sheet for Proof of Service by Mail* has instructions to help the person complete the form.

**13 File the *Proof of Service* before your hearing date**

The *Proof of Service* shows the judge that the person received a copy of your *Responsive Declaration to Request for Order*. Make three copies of the completed *Proof of Service*. Take the original and copies to the court clerk as soon as possible **before your hearing**.

The clerk will keep the original and give you back the copies stamped “Filed.” Bring a copy stamped “Filed” to your hearing. (If unstamped copies of your paperwork were served, you can file the completed *Proof of Service* when you file the original *Responsive Declaration*.)

**14 Participate in child custody mediation or child custody recommending counseling**

If the *Request for Order* includes a court order for you to attend mediation or child custody recommending counseling, the date, time, and location is found on page 1 of the *Request for Order*. For more information, read *Child Custody Information Sheet* (form FL-313-INFO or form FL-314-INFO).

**15 Get ready for your hearing**

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for the hearing at [www.courts.ca.gov/1094.htm](http://www.courts.ca.gov/1094.htm).

**16 Still have questions or need help?**

- Contact the Family Law Facilitator or Self-Help Center for information, local rules, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/1083.htm/>.
- Talk to a lawyer if you want legal advice, someone to go to court with you, or other legal help. Find an attorney through your local bar association, the State Bar of California at [calbar.ca.gov](http://calbar.ca.gov), or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to [lawhelpcalifornia.org](http://lawhelpcalifornia.org).

1. ☐ **RESTRAINING ORDER INFORMATION**

a. ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.

b. ☐ I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.

2. ☐ **CHILD CUSTODY**

☐ **VISITATION (PARENTING TIME)**

a. ☐ I consent to the order requested for child custody (legal and physical custody)

b. ☐ I consent to the order requested for visitation (parenting time).

c. ☐ I do not consent to the order requested for ☐ child custody ☐ visitation (parenting time)  
☐ but I consent to the following order:

3. ☐ **CHILD SUPPORT**

a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) or, if eligible, a current *Financial Statement (Simplified)* (form FL-155) to support my responsive declaration.

b. ☐ I consent to the order requested.

c. ☐ I consent to guideline support.

d. ☐ I do not consent to the order requested ☐ but I consent to the following order:

4. ☐ **SPOUSAL OR DOMESTIC PARTNER SUPPORT**

a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.

b. ☐ I consent to the order requested.

c. ☐ I do not consent to the order requested ☐ but I consent to the following order:

|                                                   |              |
|---------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---------------------------------------------------|--------------|

5. ☐ **PROPERTY CONTROL**

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

6. ☐ **ATTORNEY'S FEES AND COSTS**

- a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.
- c. ☐ I consent to the order requested.
- d. ☐ I do not consent to the order requested ☐ but I consent to the following order:

7. ☐ **DOMESTIC VIOLENCE ORDER**

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

8. ☐ **OTHER ORDERS REQUESTED**

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

9. ☐ **TIME FOR SERVICE / TIME UNTIL HEARING**

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

10. ☐ **FACTS TO SUPPORT** my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. ☐ Attachment 10.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date:

|                      |  |                          |
|----------------------|--|--------------------------|
| (TYPE OR PRINT NAME) |  | (SIGNATURE OF DECLARANT) |
|----------------------|--|--------------------------|

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.  
b. ☐ I have applied for TANF, SSI, or GA/GR.

2. I am the parent of the following number of natural or adopted children from this relationship ..... %

3. a. The children from this relationship are with me this amount of time ..... %  
b. The children from this relationship are with the other parent this amount of time ..... %  
c. Our arrangement for custody and visitation is (specify, using extra sheet if necessary):

4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.

5. My current gross income (before taxes) per month is ..... \$

**Attach 1** This income comes from the following:

**copy of pay stubs for last 2 months here (cross out social security numbers)**

☐ Salary/wages: Amount before taxes per month..... \$  
☐ Retirement: Amount before taxes per month..... \$  
☐ Unemployment compensation: Amount per month..... \$  
☐ Workers' compensation: Amount per month..... \$  
☐ Social security: ☐ SSI ☐ Other Amount per month ..... \$  
☐ Disability: Amount per month..... \$  
☐ Interest income (from bank accounts or other): Amount per month..... \$

I have no income other than as stated in this paragraph.

6. I pay the following monthly expenses for the children in this case:

a. ☐ Day care or preschool to allow me to work or go to school ..... \$  
b. ☐ Health care not paid for by insurance ..... \$  
c. ☐ School, education, tuition, or other special needs of the child ..... \$  
d. ☐ Travel expenses for visitation ..... \$

7. ☐ There are (specify number) ..... other minor children of mine living with me. Their monthly expenses that I pay are ..... \$

8. I spend the following average monthly amounts (please attach proof):

a. ☐ Job-related expenses that are not paid by my employer (specify reasons for expenses on separate sheet) \$ .....  
b. ☐ Required union dues ..... \$  
c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) ..... \$  
d. ☐ Health insurance costs ..... \$  
e. ☐ Child support I am paying for other minor children of mine who are not living with me ..... \$  
f. ☐ Spousal support I am paying because of a court order for another relationship ..... \$  
g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage ..... \$  
If mortgage: interest payments \$ ..... real property taxes \$ .....

9. Information concerning ☐ my current employment ☐ my most recent employment:

Employer:  
Address:  
Telephone number:  
My occupation:  
Date work started:  
Date work stopped (if applicable):

What was your gross income (before taxes) before work stopped?:

|                                                                   |              |
|-------------------------------------------------------------------|--------------|
| PETITIONER/PLAINTIFF:<br>— RESPONDENT/DEFENDANT:<br>OTHER PARENT: | CASE NUMBER: |
|-------------------------------------------------------------------|--------------|

10. My estimate of the other party's gross monthly income (*before taxes*) is ..... \$ \_\_\_\_\_

11. My current spouse's monthly income (*before taxes*) is ..... \$ \_\_\_\_\_

12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)  

☐ PETITIONER/PLAINTIFF

☐ RESPONDENT/DEFENDANT

### INSTRUCTIONS

**Step 1: Are you eligible to use this form?** *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Interest
  - Salary or wages
  - Workers' compensation
  - Disability
  - Social security
  - Unemployment
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**

|                                                                                                                                                                                                   |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY<br>STATE BAR NUMBER:<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: 200 SOUTH G STREET<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: MADERA, CALIFORNIA 93637<br>BRANCH NAME: JUVENILE DIVISION  |                           |
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT:                                                                                                                                        |                           |
| <b>INCOME AND EXPENSE DECLARATION</b>                                                                                                                                                             | CASE NUMBER:              |

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attach copies of your pay stubs for last two months (black out Social Security numbers). | a. Employer:<br>b. Employer's address:<br>c. Employer's phone number:<br>d. Occupation:<br>e. Date job started:<br>f. If unemployed, date job ended:<br>g. I work about _____ hours per week.<br>h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour. |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

**2. Age and education**

- a. My age is (specify): \_\_\_\_\_
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): \_\_\_\_\_
- c. Number of years of college completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- d. Number of years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- e. I have: ☐ professional/occupational license(s) (specify): \_\_\_\_\_  
☐ vocational training (specify): \_\_\_\_\_

**3. Tax information**

- a. ☐ I last filed taxes for tax year (specify year): \_\_\_\_\_
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately  
☐ married, filing jointly with (specify name): \_\_\_\_\_
- c. I file state tax returns in ☐ California ☐ other (specify state): \_\_\_\_\_
- d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

- 4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ \_\_\_\_\_  
 This estimate is based on (explain): \_\_\_\_\_

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

|                                                            |              |
|------------------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

|                                                                                                                                                                     | Last month | Average monthly |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|
| a. Salary or wages (gross, before taxes).....                                                                                                                       | \$         | _____           |
| b. Overtime (gross, before taxes).....                                                                                                                              | \$         | _____           |
| c. Commissions or bonuses.....                                                                                                                                      | \$         | _____           |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....                                                             | \$         | _____           |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* ..... | \$         | _____           |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....                     | \$         | _____           |
| g. Pension/retirement fund payments.....                                                                                                                            | \$         | _____           |
| h. Social Security retirement (not SSI).....                                                                                                                        | \$         | _____           |
| i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....  | \$         | _____           |
| j. Unemployment compensation.....                                                                                                                                   | \$         | _____           |
| k. Workers' compensation.....                                                                                                                                       | \$         | _____           |
| l. Other (military allowances, royalty payments) (specify): .....                                                                                                   | \$         | _____           |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

|                                |    |       |
|--------------------------------|----|-------|
| a. Dividends/interest.....     | \$ | _____ |
| b. Rental property income..... | \$ | _____ |
| c. Trust income.....           | \$ | _____ |
| d. Other (specify): .....      | \$ | _____ |

7. **Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.**

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

10. **Deductions**

|                                                                                                                                | Last month |
|--------------------------------------------------------------------------------------------------------------------------------|------------|
| a. Required union dues.....                                                                                                    | \$ _____   |
| b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....                                               | \$ _____   |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....                                  | \$ _____   |
| d. Child support that I pay for children from other relationships.....                                                         | \$ _____   |
| e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*..... | \$ _____   |
| f. Partner support that I pay by court order from a different domestic partnership.....                                        | \$ _____   |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....               | \$ _____   |

11. **Assets**

|                                                                                                                                                      | Total    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....                                                  | \$ _____ |
| b. Stocks, bonds, and other assets I could easily sell.....                                                                                          | \$ _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)..... | \$ _____ |

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

|                                                            |              |
|------------------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

**12. The following people live with me:**

| Name | Age | How the person is related to me (ex: son) | That person's gross monthly income | Pays some of the household expenses? |                             |
|------|-----|-------------------------------------------|------------------------------------|--------------------------------------|-----------------------------|
| a.   |     |                                           |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| b.   |     |                                           |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| c.   |     |                                           |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| d.   |     |                                           |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| e.   |     |                                           |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |

**13. Average monthly expenses**      ☐ Estimated expenses      ☐ Actual expenses      ☐ Proposed needs

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Home:<br>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____<br>If mortgage:<br>(a) average principal:     \$ _____<br>(b) average interest:     \$ _____<br>(2) Real property taxes..... \$ _____<br>(3) Homeowner's or renter's insurance<br>(if not included above)..... \$ _____<br>(4) Maintenance and repair..... \$ _____<br>b. Health-care costs not paid by insurance..... \$ _____<br>c. Child care..... \$ _____<br>d. Groceries and household supplies..... \$ _____<br>e. Eating out..... \$ _____<br>f. Utilities (gas, electric, water, trash)..... \$ _____<br>g. Telephone, cell phone, and e-mail..... \$ _____ | h. Laundry and cleaning..... \$ _____<br>i. Clothes..... \$ _____<br>j. Education..... \$ _____<br>k. Entertainment, gifts, and vacation..... \$ _____<br>l. Auto expenses and transportation<br>(insurance, gas, repairs, bus, etc.)..... \$ _____<br>m. Insurance (life, accident, etc.; do not include<br>auto, home, or health insurance)..... \$ _____<br>n. Savings and investments..... \$ _____<br>o. Charitable contributions..... \$ _____<br>p. Monthly payments listed in item 14<br>(itemize below in 14 and insert total here)... \$ _____<br>q. Other (specify): \$ _____<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">                     r. <b>TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b> \$ _____                 </div> s. <b>Amount of expenses paid by others</b> \$ _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**14. Installment payments and debts not listed above**

| Paid to | For | Amount | Balance | Date of last payment |
|---------|-----|--------|---------|----------------------|
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |

**15. Attorney fees** (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)



|                                                            |              |
|------------------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

- |                                                                               | Amount per month |
|-------------------------------------------------------------------------------|------------------|
| a. Childcare so I can work or get job training.....                           | \$ _____         |
| b. Children's health care not covered by insurance.....                       | \$ _____         |
| c. Travel expenses for visitation.....                                        | \$ _____         |
| d. Children's educational or other special needs <i>(specify below)</i> ..... | \$ _____         |

**19. Special hardships.** I ask the court to consider the following special financial circumstances  
*(attach documentation of any item listed here, including court orders):*

- |                                                                                                    | Amount per month | For how many months? |
|----------------------------------------------------------------------------------------------------|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b.....                                          | \$ _____         | _____                |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> .....  | \$ _____         | _____                |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____         | _____                |
| (2) Names and ages of those children <i>(specify)</i> :                                            |                  |                      |

(3) Child support I receive for those children..... \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**